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Marc Eisen, M.D.

In Opposition to

Proposed H.B. No. 5213 AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR HEARING AIDS. (INS)

Feb 7, 2019

Thank you, Senator Lesser, Representative Scanlon, Senator Kelly, Rep Pavalock-DAmato and other distinguished members of the Insurance and Real Estate Committee. My Name is Marc Eisen, M.D. and I am an otolaryngologist (Ear-Nose-Throat physician) practicing in Hartford. I am President of the CT ENT Society and represent greater than 1000 physicians in the above-mentioned medical specialty societies in opposition to HB 5213 "An Act Expanding Required Health Insurance Coverage for Hearing Aids." The Connecticut ENT Society is an organization representing over 90% of the ENT physicians in Connecticut who care for children and adults with hearing loss.

Hearing loss has implications on development, communication, language acquisition, socialization, and patient well-being and safety. Hearing aids for certain types of hearing loss can help with all of these challenges. Hearing loss is also very common – nearly 1/3 of Americans in their 50s have hearing impairment, 1/2 in their 60s, and 2/3 in their 70s.

At present, no one could reasonably argue that Connecticut has adequate hearing aid insurance coverage. Connecticut's Statutes 38a-490b and 38a-516b mandate insurance coverage of up to \$1000 for all residents 12 years old and younger. The Connecticut State Insurance Commissioner issued Bulletin HC-102 on June 15, 2015 that states that under Section 1557 of the ACA, this practice is discriminatory and needs to be rectified. However, strengthening this shortcoming will take hard work and collaboration. As physicians who are on the front lines of treating hearing impairment, we would wholeheartedly support the opportunity for all of our eligible patients to have insurance company sponsored hearing aids, but the problem lies in the execution, the marketing, and the successful and informed delivery of such benefits.

Unfortunately, the costs involved in purchasing and maintaining hearing aids are very complex and difficult for patients to understand. The marketing materials issued by the insurers can be confusing and often times misleading. Incredulously, hearing aid coverage even from the same insurance company can vary from no coverage to partial coverage to complete coverage depending on the specific plan! Not only is there significant variability in hearing aid technology options, but there is high variability in maintaining and servicing existing aids, a fact that is hard to convey accurately in marketing materials distributed to patients by their insurers.

We are very concerned that merely simplifying hearing aid coverage requirements will not take into account these many complexities, and in fact, may have the unintended consequence of decreasing patients' access to the appropriate hearing aids -- providers may become-frustrated with patients who believe, and will argue vehemently, that their hearing aids cost \$1,000, and that the insurance assured them full coverage at this rate. Improved provider/insurer/patient communication and understanding are necessary prior to establishing this type of expectation. As such, we cannot support this bill in its current form, but would be very interested in working with this committee to effectively improve our patients' access to hearing aids and improve patient knowledge and accurate information dissemination about their hearing aid benefits.

Thank you for your consideration